

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>12-MAY-2016</b>		TIME <b>04:13:00</b>	2. ADDRESS OF OCCURRENCE <b>10341 S UNION AVE CHICAGO, IL 60628</b>					3. LOCATION CODE <b>290</b>	4. BEAT/OCCUR <b>2232</b>				
MEMBER INVOLVED  <input type="checkbox"/> DNA	5. POSITION <b>9165</b>	6. LAST NAME <b>FIELDER</b>	7. FIRST NAME <b>WILLIAM G</b>	8. STAR NO. <b>20532</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>507</b>	13. WT. <b>120</b>				
	14. DATE OF APPT. <b>26-MAR-1990</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>630 5314</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME <b>ROBINSON</b>	21. FIRST NAME <b>KEVIN</b>	22. M.J. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>21-JAN-1985</b>	26. HT. <b>600</b>	27. WT. <b>150</b>					
	28. ADDRESS <b>10341 S UNION AVE CHICAGO, IL 60628</b>	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA				
	<input type="checkbox"/> DNA	<b>PASSIVE RESISTER</b>	<b>ACTIVE RESISTER</b>	<b>ASSAILANT:ASSAULT</b>	<b>ASSAILANT:BATTERY</b>	<b>ASSAILANT:DEADLY FORCE</b>							
MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>								
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>								
<input type="checkbox"/> DNA	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____								
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>								
	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____								
	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____								
	WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____								
	ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____								
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____								
	CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____								
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____								
WEAPON DISCHARGE INCIDENT	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>GLOCK 45 CAL.</b>	40. ADDITIONAL INFORMATION											
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]										
41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>								
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REC NO	52. IL FIREARM OWNER ID. NO	53. HANDGUN CERTIFICATE NO									
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED									
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>FIEDLER, WILLIAM G</b> 12-MAY-2016 20:39:41	STAR/EMPLOYEE NO. <b>20532</b>	SIGNATURE [REDACTED]										
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
	74. REVIEWING SUPERVISOR (Print Name) <b>LAMB JR, THOMAS R</b>	STAR NO. <b>1925</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>12-MAY-2016 20:40:45</b>	TIME <b>12-MAY-2016 20:40:45</b>								
	71. R.D. NO. <b>HZ2261658</b>												
	70. EVENT NO. <b>1613301597</b>												

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2 ) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3 ) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

ONA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

DOA

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing the known facts, the Reporting Deputy Chief finds that the officer acted well within department policies and guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LDG NO./CRNO 1080505 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

NAVARRO, KEVIN B

SIGNATURE

DATE COMPLETED

TIME

12-MAY-2016 20:42:10

79. TOTAL TRR's THIS EVENT No

9